Bölüm 22

GABAPENTİNOİDLER

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GİRİŞ

Gabapentinoidler (pregabalin ve gabapentin) epilepsi ve ağrı tedavisinde yaygın olarak kullanılan ilaçlardır[1]. Pregabalin ek olarak yaygın anksiyete bozukluklarında, diyabetik periferik nöropatide, postherpetik nöraljide ve fibromyaljide de kullanılmaktadır [2]. Yakın zamanda Japonya'da periferik nöropatik ağrı için ruhsat almış bir başka gabapentinoid de mirogabalindir [3]. Bağımlılık potansiyellerinin göz ardı edilmesi ile birlikte, son yıllarda gabapentinoidlerin ruhsatlı ve ruhsatsız endikasyonlarında kullanımları giderek artmaktadır [4]. Bazı çalışmalar gabapentinoidlerin kötüye kullanım potansiyellerinin opioidler, alprazolam ve zolpidemle benzer olduğunu göstermektedir [5, 6]. Son yıllarda farmakovijilans veri tabanlarında gabapentinoid suistimali ile ilgili yan etki bildirimleri artmış olup [7, 8], postmortem toksikoloji analizlerinde çoklu madde kullanımı ile oluşan aşırı doz ölümlerde gabapentinoidler daha fazla tespit edilmeye başlanmıştır [4]. Buna karşın gabapentinoid suistimali ile ilgili literatürde yer alan yayınların, gerçek popülasyondaki oranları yansıtmadığı görülmektedir. Gabapentinoidlerin kötüye kullanımları ile ilgili çalışmalarda prevelans oranları arasında büyük farklılıklar olduğu göze çarpmaktadır [1, 4, 5]

Gabapentinoid suistimali ile ilgili ele alınması gereken diğer konular arasında reçete edilmeden yasadışı olarak da kötüye kullanılabildikleri ve bu ilaçlara kolay ulaşabilen sağlık personeli arasında kötüye kullanım sıklıklarının daha fazla olabileceği de yer almaktadır. Bu bölümde son yıllarda kullanımlarının ve suistimal oranlarının arttığı bilinen gabapentinoidlerin etki mekanizmaları, ruhsatlı ve ruhsatsız endikasyonlarında kullanımları ve bağımlılık potansiyelleri hakkında öz bilgi verilmesi amaçlanmıştır.

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Kanser ağrıları dışındaki kronik ağrı hastalarında opioid kullanımını azaltma stratejileri, klinisyenleri opioid olmayan analjezik ilaç alternatiflerine yönlendirmiş ve ilk sırayı gabapentinoidler almıştır. Ancak, opioid kullanmaya devam eden kronik ağrı hastalarında gabapentinoidlerin de tedaviye eklenmesi opioid alımı ile oluşan öforinin gabapentinoidler ile pekiştirilmesi ile sonuçlanabilir.

Kronik ağrıların tedavisi özellikle de birinci basamak sağlık kurumlarında oldukça zordur. Kronik ağrısı olan hastaların çoğu bilişsel davranış tedavileri, fizyoterapi gibi ilaç tedavisi dışındaki diğer tedavi alternatiflerine ulaşamamakta ya da tercih etmemektedir. Gabapentinoidler ruhsatsız endikasyonlarında reçete edilirken, ilaçların yan etkileri ve bağımlılığa neden olabilecekleri değerlendirilerek hasta tedaviden yarar görmezse gabapentinoid tedavisi kesilmelidir. Gabapentinoidlerin kronik ağrı tedavisinde opioid analjeziklerden daha iyi bir alternatif olarak kullanımları teşvik edilse de gabapentinoidlerin de yan etkileri olduğu, suistimal edilebildikleri, bağımlılık oluşturabildikleri ve özellikle opioid bağımlılarında pekiştiri oluşturmak amacıyla suistimal edilerek opioid aşırı doz alımlarına bağlı ölümleri kolaylaştırabileceği unutulmamalıdır.

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